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Bib Data Sheet

CONFIRMATION NO. 4206

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/047,191   | <b>FILING OR 371(c) DATE</b><br>11/07/2001<br><b>RULE</b>   | <b>CLASS</b><br>379           | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET NO.</b><br>3052/117 |
| <b>APPLICANTS</b><br>Daniel A. Henderson, Los Altos, CA; <i>OA</i>   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 08/726,024 10/04/1996 which claims benefit of 60/005,029 10/06/1995 and is a CIP of 08/177,851 01/05/1994 PAT 6,278,862 <i>OA</i>  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>NONE OA</i>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/22/2002</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>Olisa Anwarh</i> <i>OA</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>45   | <b>TOTAL CLAIMS</b><br>13              |
| <b>INDEPENDENT CLAIMS</b><br>3   |   |                               |   |  |
| <b>ADDRESS</b><br>57138  |   |                               |   |  |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR IMPROVED PERSONAL COMMUNICATION DEVICES AND SYSTEMS   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>370  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |



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